

**ELECTRONIC CASE FILING SYSTEM
ATTORNEY REGISTRATION FORM**

Name (Last, First, Middle Initial):

Last Four Digits of SSN:

Firm Name (if any):

PACER I.D.:

Mailing Address:

Telephone Number:

Fax Number:

E-mail Address:

I have been trained to file documents electronically by the Bankruptcy Court for the District of South Dakota or _____ (identify Court and attach documentation).

I have read and agree to abide by the terms of the Court's Electronic Case Filing Administrative Procedures, as amended from time to time.

I consent to service by electronic means when permitted under applicable rules and the Court's Electronic Case Filing Administrative Procedures.

Dated: _____

Signature: _____